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**BEFORE THE
PHYSICIAN ASSISTANT BOARD
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**DeShawn Michael Roberson, P.A.
5002 Kilkee Street
San Diego, CA 92117**

**Physician Assistant
Certificate No. PA 54384**

Case No. 950-2017-001342

**AGREEMENT FOR
SURRENDER OF LICENSE**

Respondent.

TO ALL PARTIES:

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings, that the following matters are true:

1. Complainant, Maureen L. Forsyth, is the Executive Officer of the Physician Assistant Board of California, Department of Consumer Affairs ("Board").
2. DeShawn Michael Roberson, P.A., ("Respondent") has carefully read and fully understands the effect of this Agreement.
3. Respondent understands that by signing this Agreement he is enabling the Board to issue this order accepting the surrender of license without further process. Respondent understands and agrees that Board staff and counsel for complainant may communicate directly with the Board regarding this Agreement, without notice to or participation by Respondent. The Board will not be disqualified from further action in this matter by virtue of its consideration of this Agreement.

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1 4. Respondent acknowledges that on April 28, 2017, a Decision was rendered
2 wherein he was issued a license on a probationary basis for a period of 5 years with various
3 standard terms and conditions.

4 5. Upon acceptance of the Agreement by the Board, Respondent understands
5 he will no longer be permitted to practice as a physician assistant in California, and
6 also agrees to surrender his wallet certificate, wall license and D.E.A. Certificate(s).
7

8 6. Respondent understands that he may not petition for reinstatement as a
9 Physician Assistant for at least three (3) years from the effective date of his
10 surrender. Respondent fully understands and agrees, however, that if respondent ever files
11 an application for relicensure or reinstatement in the State of California, the Board shall
12 treat it as a Petition for Reinstatement of a revoked license in effect at the time the Petition
13 is filed. Information gathered in connection with Case No. 950-2017-001342 may be
14 considered by the Physician Assistant Board in determining whether or not to grant the
15 Petition for Reinstatement. For the purposes of the reinstatement hearing and/or
16 consideration by the Physician Assistant Board, the allegations in Case No. 950-2017-
17 001342 shall be deemed to be admitted by respondent, and respondent waives any and all
18 defenses based on a claim of laches or the statute of limitations.

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ACCEPTANCE

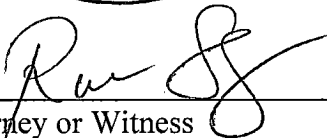
I, Deshawn Michael Roberson, P.A., have carefully read the above Agreement and enter into it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its force and effect, do hereby surrender Physician Assistant Certificate No. PA 54384, to the Physician Assistant Board of California for its acceptance. By signing this Agreement for Surrender of License, I recognize that upon its formal acceptance by the Board, I will lose all rights and privileges to practice as a Physician Assistant in the State of California and that I have delivered to the Board my wallet certificate and wall license.



Deshawn Michael Roberson, P.A.

19 JAN 2018

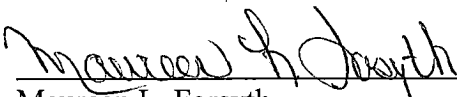
Date



Attorney or Witness

19 JAN 2018

Date



Maureen L. Forsyth
Executive Officer
Physician Assistant Board

1-31-2018

Date

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